

HYPNOTHERAPY IN INTEGRATED PRIMARY CARE: A RURAL FQHC EXPERIENCE

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DISCLOSURE


I have no actual or potential conflict of interest in relation to this program/presentation.

AGENDA

- What is hypnosis/hypnotherapy?
- Uses of hypnotherapy
- Myths and Misconceptions
- Evidence basis for hypnotherapy
- Application in a rural setting
- Q & A

QUOTE OF THE DAY


"A therapist provides an atmosphere, a climate for change. A therapist is the weather."
--Milton H. Erickson





WHAT IS HYPNOSIS ?

- "Guided imagery on steroids"
--Arend, 2017
- "A massage for my brain"
--Anonymous client, 2012



WHAT IS HYPNOSIS ?

- Hypnosis was one of the earliest mind-body interventions to be used in medical settings, and was originally performed for pain relief during surgical procedures in eras without effective pharmacological analgesia (Esdaile, 1957 cited in Yeh et.al., 2014).

WHAT IS HYPNOSIS ?

- Altered state of consciousness– not sleep, but naturally occurring dissociative state
 - Highway hypnosis
 - Books and TV
 - Exercise
 - Day dreaming

WHAT IS HYPNOSIS ?

- **Hypnagogia**—the state that immediately precedes the onset of sleep
- **Hypnopompic state**—the state that immediately precedes waking from sleep

WHAT IS HYPNOSIS ?

Hypnosis has been defined variously, and often simultaneously, as:

- a state,
 - trait,
 - procedure,
 - process,
 - therapy,
 - sociocognitive construct,
- and everything we do with those in our care.

(Sugarman, 2015, p. 209-10).

WHAT IS HYPNOSIS ?

The American Psychological Association, Division of Psychological Hypnosis (2014) definition:

Hypnosis: A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.

Hypnotic induction: A procedure designed to induce hypnosis.

Hypnotizability: An individual's ability to experience suggested alterations in physiology, sensations, emotions, thoughts or behavior during hypnosis.

Hypnotherapy: The use of hypnosis in the treatment of a medical or psychological disorder or concern.

WHAT IS "NOT" HYPNOSIS ?

- A person's ability to experience hypnotic suggestions can be inhibited by fears and concerns arising from some common misconceptions.
- Contrary to some depictions of hypnosis in books, movies or television, people who have been hypnotized do not lose control over their behavior.
- They typically remain aware of who they are and where they are, and unless amnesia has been specifically suggested, they usually remember what transpired during hypnosis.
- Hypnosis makes it easier for people to experience suggestions, but it does not force them to have these experiences.

THE TRANCE STATE

- Light hypnosis – 90%+ of people experience:
 - Eye closure
 - Fluttering lids/REM
 - Stillness
 - Breathing slows
 - Features flatten
 - Swallowing
 - Smiling
 - Bradycardia

THE TRANCE STATE

- Medium hypnosis – 70%+ can experience:
 - Head drops
 - Eyelid catalepsy
 - Flushing or pallor
 - Responds to suggestions
 - Feeling of lethargy, heaviness
 - Some analgesia
 - IMR (ideomotor response e.g. Finger or arm levitation)
 - May feel as though in trance

THE TRANCE STATE

- Deep hypnosis 20%
 - Amnesia
 - Anaesthesia
 - Out of body dissociation
 - hallucinations
 - Trance with eyes open

USES OF HYPNOTHERAPY

- Behavioral problems
 - Smoking
 - Weight loss
 - Eating disorders – bulimia, anorexia, binge eating
 - Enuresis
- Psychological problems
 - Anxiety
 - Panic
 - Phobias
 - Insomnia
 - Premature ejaculation
 - Vaginismus

USES OF HYPNOTHERAPY

- Psychosomatic disorders
 - Migraine
 - Hyperventilation
 - Stammering
 - Irritable bowel/bladder
 - Eczema
- Pain control
 - Chronic
 - Acute
 - Terminal care
 - Obstetric
 - Dental

USES OF HYPNOTHERAPY

- Other
 - Sports – motivational
 - Criminal investigation
 - Recovery of lost objects - memories

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- **Hypnosis is sleep.**
 - The Greek word "hypno" means sleep. However, the EEG patterns of hypnotic trance are totally different from the EEG patterns of sleep

[<https://www.ncbi.nlm.nih.gov/labs/articles/1549744/>]

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- **Hypnosis occurs only when induced by a hypnotherapist.**
 - A hypnotic trance is a naturally occurring phenomenon that people go in and out of everyday. It is called "spontaneous hypnosis".

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- *Only people of weak character can be hypnotized.*
- The opposite has been found to be true. People with severe mental illnesses are associated with a lower hypnotic capacity. In fact, it has been demonstrated that higher hypnotic capacity is a sign of health.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- *Women are more hypnotizable than men.*
- This myth is associated with the outdated notion that women are more weak minded, passive and dependent than men. In fact, women and men are equally hypnotizable.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- *A person can get "stuck" in a trance.*
- In healthy people who do not suffer from a major mental illness, it is impossible to get "stuck" in trance.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- *Once a person has been hypnotized, he/she can no longer resist it.*
- This stems from the belief that the hypnotherapist is in control of the person. In reality, the person can come out of trance anytime they want to. And, they can choose not to go into trance.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- *A successful hypnotherapist must be unique, charismatic or weird.*
- This myth is perpetuated by stage hypnotists who wish people to believe they have magical powers. Success as a hypnotherapist rests more on skills in interpersonal communication and the ability to put people in a safe atmosphere of comfort.

THE ABILITY TO BE HYPNOTIZED VARIES WITH AGE

- Cross-sectional studies of different age groups show a developmental curve, with very young children relatively unresponsive to hypnosis.
- Longitudinal studies indicate that hypnotizability assessed in college students remains about as stable as IQ over a period of 25 years (Kihlstrom, 2000).

WHO BENEFITS LESS?

1. People with abnormally low IQ's (attention and response-time factors)
2. Dementia patients (these patients cannot be hypnotised due to problems in prefrontal areas necessary to process induction signals)
3. People who score low (9%) on scales of hypnotisability
4. People for whom condition brings secondary gains (conscious or unconscious pay-offs)
5. People in psychotic states. (Can uncover too much material and therapist can be drawn in to any delusional beliefs)
6. People in hypermanic states

CROSS CULTURAL APPLICATION (YEH ET AL 2014)

- There are studies that support responsiveness to hypnosis across cultural groups. A large body of research has examined the extent to which hypnotic suggestibility potentially differs across cultural samples.
- The comparable distribution of hypnotic suggestibility in multiple cultures, ethnic and racial groups supports the idea that hypnotic responses are likely similar across these groups.
- Further, randomized controlled trials of hypnosis that were conducted in ethnically and racially diverse samples have demonstrated that treatment efficacy does not differ as a function of ethnic or racial group identification (Montgomery & Bovbjerg, 2004; Montgomery et al., 2007; Montgomery et al., 2014).

WHAT HAPPENS DURING HYPNOSIS?

- A typical hypnosis session begins with an induction procedure in which the person is asked to focus his or her eyes on a fixation point, relax, and concentrate on the voice of the hypnotist.
- Although suggestions for relaxation are generally part of the hypnotic induction procedure, people can respond positively to hypnotic suggestions while engaged in vigorous physical activity.
- The hypnotist then gives suggestions for further relaxation, or a deepening, with focused attention, and often eye closure.
- After the person's eyes are closed, further suggestions for various imaginative experiences are given.
- Posthypnotic suggestions may also be given for responses to occur after hypnosis has been terminated.

DANGERS?

- Controversy exists among the experts, but most stress that hypnosis and hypnotic techniques are safe.
- Considering the number of lay hypnotists practicing on stage and in "hypnosis" clinics, it is amazing how seldom one hears of adverse consequences.

DANGERS?

- Additional dangers, to the clinician cited by Crasilneck and Hall include:
 - excessive grandiosity about the potential of hypnosis
 - narrowing one's practice to the use of hypnosis exclusively
 - psychopathological disturbances, e.g., an amateur hypnotist became obsessed with supposed telepathic experiences
 - having unrealistic expectations.

DANGERS?

- These dangers are similar to the dangers faced by other clinicians, particularly psychotherapists.
- They accompany any psychotherapeutic relationship and are most often understood as transference-countertransference reactions.
- In summary, caregivers are not to use hypnosis and/or hypnotic techniques indiscriminately with all patients but can be a valuable tool used within a therapeutic relationship and with a clear understanding of the patient's problem and coping capacities.

IS IT EVIDENCE-BASED?

- Modern research has continued to demonstrate therapeutic effects of hypnosis. Hypnosis is considered an evidence-based intervention for chronic pain associated with cancer (NIH technology assessment, 1996) and numerous meta-analyses have found that hypnosis can reduce a wide variety of medical symptoms and side effects. For example, hypnosis can:
 - reduce pain, distress, and other side effects arising from medical or surgical procedures
 - help control cancer treatment-related side effects such as nausea, vomiting, and fatigue
 - help manage the symptoms of irritable bowel syndrome (IBS)
- (Yeh, 2014).

EVIDENCED BASED (ROBERSTON, 2009)

"Specific" empirically supported treatments		
1. Anxiety about asthma attack		Brown, 2007
2. Headaches and migraine	Relaxation + image modification > wait list control	Hammond, 2007
"Effective" empirically supported treatments		
3. Cancer pain		Syjala et al., 1992
4. Distress during surgery	Hypnosis reduces distress and pain > controls	Lang et al., 2006
5. Surgery pain (adult)	Self-hypnosis reduces drug use > attention control	Lang et al., 1996
6. Surgery pain (child)	Hypnosis reduces pain + hospital time > control	Lambert, 1996
7. Weight reduction	Hypnosis + CBT > CBT, differences increase over time	Kirsch, 1996


IS IT EVIDENCE-BASED?

"Specific" empirically supported treatments		
1. Ankle pain (adult)	Hypnosis + distraction for bone marrow aspiration	Robertson & Brown, 2007
2. Ankle pain (child)		Robertson & Brown, 2007
3. Anxiety	Staged treatment with hypnosis + some without hypnosis	Edell & Weir, 1987
4. Anxiety about post-operative pain	Hypnosis + CBT	Schneiderman et al., 1997
5. Anxiety about surgery	Self-hypnosis-discussion control	Stinson, 1994
6. Asthma	Hypnosis+relaxation control	Edell & Weir, 1987
7. Pain during surgery	Suggestion with or without hypnosis + wait list control	Edell & Weir, 1987
8. Cancer	Hypnosis + CBT + wait list	Robertson et al., 1996
9. Cancer chemotherapy nausea	Hypnosis+relaxation + antiemetic medication	Robertson et al., 1996
10. Cancer surgery	Self-hypnosis+wait list control	Robertson & Brown, 2007
11. Depression	Hypnosis+enhances CBT	Robertson & Brown, 2007
12. Headaches and migraine	Hypnosis + medication + medication only	Lang et al., 1996
13. Hypertension	Hypnosis + physical therapy for subjective symptoms	Robertson et al., 1996
14. Irradiation	Preoperative suggestion reduces blood flow	Robertson et al., 1996
15. Irradiation-pain	Hypnosis + wait list in reducing 50' long term	Edell, 1987
16. Irradiation side-effects	Hypnosis + relaxation + wait list control	Edell et al., 2002
17. Irradiation symptoms	Hypnosis + CBT + medication long term	Robertson & Brown, 2007
18. Irradiation symptoms (IBS)	Hypnosis + psychotherapy	Robertson et al., 1996
19. Irradiation symptoms (IBS)		

Robertson (2009)

MORE READING ON EFFECTIVENESS

Cowen, L. (2016). Literature Review into the Effectiveness of Hypnotherapy. *ACR Journal 10* (Volume 13) Page 2-33

 Australian Counseling Research Journal www.acjournal.com.au

Literature Review into the Effectiveness of Hypnotherapy

Dr. Leon W. Cowen
AdvDipCh, PhD (Clinical Hypnotherapy)

UNDERUSED AND UNDERRESPECTED

Overall, hypnosis remains underused despite evidence supporting its beneficial clinical impact (Yeh et al., 2014).

"...why is hypnosis basically the "crazy cousin that nobody wants at the family picnic"?"

How is it that we continue to be marginalized by the rest of the helping professions? (Yapko, 2014).

A FEW SELECT RECENT CASES

- 68/female—giant cell arteritis, OCD, GAD, PTSD—remote control movie theater
- 38/male—smoking cessation and anger management—letting go of resentment
- 44/male—chronic pain, acute pancreatitis, PTSD, divorced—acceptance
- 77/male—chronic pain, arthritis, MDD, death of spouse of 56 years—tying flies
- 59/female—unable to swallow any solid food—daughter murdered
- 22/male—panic disorder/agoraphobia—work in progress

QUESTIONS ??????




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